



Arkansas Real Estate Commission

612 South Summit Street
Little Rock, AR 72201-4740
Phone: (501) 683-8010
Fax: (501) 683-8020

NOTICE OF PERSONAL INFORMATION CHANGE (NAME AND/OR RESIDENCE)

Forms that are incomplete or not accompanied by the proper attachments will be returned to you.

License Number: _____

Date of Change: _____
(30-day temporary for Name Change only.)

(Indicate Type of Change) ☐ Address Change ☐ Name Change

OLD INFORMATION

NAME	Name of Licensee (As it appears on license): _____ (First Name) (Middle Name or Initial) (Last Name)
ADDRESS	Licensee's Old Resident Address: _____
	P. O. Box: _____
	City, State, Zip: _____
	Home Phone (with area code): _____

NEW INFORMATION

NAME	Name of Licensee (As it is to appear on license): _____ (First Name) (Middle Name or Initial) (Last Name)
ADDRESS	Licensee's New Resident Address: _____
	P. O. Box: _____
	City, State, Zip: _____
	Home Phone (with area code): _____

Signature of Licensee: _____

NOTE: All licensees, both active and inactive, shall at all times keep the commission informed in writing of their personal residence address per Regulation 7.6(b). For a personal name change attach legal documentation of the requested name change (i.e. marriage certificate, divorce decree, legal name change form). **Return the license and pocket card, along with this form, if requesting a name change (A copy of form serves as a 30-day temporary license).**